



PTO/SB/81 (04-05)

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Application Number	10/803,521
Filing Date	March 17, 2004
First Named Inventor	WERMELING
Title	Intranasal Benzodiazepine Composition
Art Unit	Unknown
Examiner Name	Unknown
Attorney Docket Number	05062071

I hereby revoke all previous powers of attorney given in the above-identified application.

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<input checked="" type="checkbox"/> Firm or Individual Name	Mayer Brown Rowe & Maw LLP				
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I am the:

☐ Applicant/Inventor.☒ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)**SIGNATURE of Applicant or Assignee of Record**

Signature	<i>Donald G. Keach</i>	Date	6/9/05
Name	Donald G. Keach	Telephone	859 257-2300
Title and Company	University of Kentucky Research Foundation		

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

☒ \*Total of 1 forms are submitted.

This collection of information is required by 37 CFR 1.31, 1.32 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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6-27-05

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## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

APPLICANTS: Wermeling ) ATTORNEY DOCKET: 05062071  
SERIAL NO.: 10/803,521 ) GROUP ART UNIT: Unknown  
FILED: March 17, 2004 ) EXAMINER: Unknown  
TITLE: INTRANASAL BENZODIAZEPINE COMPOSITIONS  
DATE: June 24, 2005

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Sir:

Enclosed herewith are the following for the above-captioned application:

1. Power of Attorney and Correspondence Address Indication Form (PTO/SB/81 Form); and
2. Return receipt postcard.

Respectfully submitted,

  
David B. Fournier  
Reg. No. 51,696

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